

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101087198**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				1		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			3			
TOTAL CLAIMS			6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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